

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Globe District of Globe Town of Globe or City of Globe (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 105
Co. Register No. 293
Local Registrar's No. _____

FULL NAME OF CHILD Carl Monroe Fraser Born ☒ YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive ☒ NO

Sex of Child Male Twin, Triplet or other ☒ and Number in order of birth 1 Legitimate? ☒ Date of Birth Dec 24 1914
(Month) (Day) (Yr.)

Full Name Charles Fraser FATHER Full Maiden Name Amy White Turner MOTHER

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH

(This return should preferably be made by the person who made the original)

Place of Birth Globe County Gila No. First St. _____

SEX OF CHILD Boy Twin, Triplet or other? ☒ and Number in order of birth 1

DATE OF BIRTH December 24 1914
(Month) (Day) (Year)

FULL NAME Charles Fraser FATHER
FULL MAIDEN NAME Amy White Turner MOTHER

I HEREBY CERTIFY that the child described herein has been named
Carol Monroe Fraser
(Give name in full) (Surname)
Charles + Amy Fraser
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 7/11/40

369-1224-139
COUNTY REGISTRAR. Filed Jan 2 1915 10.3.54
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